NAME OF COUNSEL: VINCENT F. Heuser, JR.
ADDRESS: PO Box 35111 35 PM
TELEPHONE: (502) 458 - 5879
The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other
communications from the Commission and to act on my behalf
Date Defore the Commission. Signature Diana Signature
RESPONDENT'S NAME: FRANK G. SIMON, M.D.
ADDRESS: PO BOX 6689 Louisville Ky 40206
TELEBRONE - NOME

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